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51	t of 1995, no person	s are required to respond to a co Application Number	10/588,424		intess it d	isplays a valid OMB control number.	
TRANSMITT	ΔΙ	Filing Date	August 4, 2				
FORM	FORM		Steve Harri				
I OKW		Art Unit	1612				
	Examiner Name	Holloman,	Holloman, Nanette				
(to be used for all correspondence a	Attorney Docket Number						
Total Number of Pages in This Subm		LOCUPES (Observed)	145-4	<u> </u>			
	ENC	LOSURES (Check al	I that apply	<del></del>	After A	llowance Communication to TC	
Fee Transmittal Form		Drawing(s)			Appeal	Communication to Board	
Fee Attached	Licensing-related Papers	rs			eals and Interferences		
Amendment/Reply	Amendment/Reply			Ц	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final		Petition to Convert to a Provisional Application			Proprie	tary Information	
		Power of Attorney, Revocation			Status	Letter	
Affidavits/declaratio		Change of Correspondence	Address	$\overline{}$	Other i	Enclosure(s) (please Identify	
Extension of Time Request		Terminal Disclaimer		ш	below)		
Express Abandonment Req	uest	Request for Refund					
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		Landscape Table on C	.D				
Certified Copy of Priority Document(s)	Rema	nrks					
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts/ under 37 CFR 1.52							
Firm Name	SIGNATURE	OF APPLICANT, ATTO	DRNEY, C	OR AG	=N I		
Jay P. Hendricks	on, Attorney at La	aw					
Signature							
Printed name Jay P. Hendricks	son						
Date August 16, 2010	Reg. No. 37,14			7			
I hereby certify that this correspond sufficient postage as first class-main	lence is being facs	CATE OF TRANSMISS simile transmitted to the USP ddressed to: Commissioner f	TO or depos	sited with	the Un 1450, /	ited States Postal Service with Alexandria, VA 22313-1450 on	
the date shown below: Signature		7	·				
			<u> </u>				
Typed or printed name	, Hendrickson				Date	August 16, 2010	

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PTO/SB/17 (10-08) Approved for use through 09/30/2010. OMB 0651-0032

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ADENT	Complete if Known												
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nu	umber	10/588,42	24						
FEE TRANSMITTAL				Filing Date	August 4,	August 4, 2004							
For FY 2009				First Named I	First Named Inventor		rris						
				Examiner Name		Holloman	ı, Nannet	tte					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1612							
TOTAL AMOUNT	Attorney Dock												
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
Deposit Account Deposit Account Number:													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments													
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card													
information and aut	thorization on PTO-	2038.	010011 0010										
FEE CALCULA													
1. BASIC FILIN	IG, SEARCH, AI					*******							
		NG FEES Small Entity	SEAF	RCH FEES Small Entity		INATION/ <u>Small</u>							
Application T	ype <u>Fee (</u>	\$) <u>Fee (\$)</u>	Fee (		<u>Fee</u>	(\$) Fee		Fees Pa	<u>iid (\$)</u>				
Utility	330	165	540	270	220		0		I				
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Reissue	330	165	540	270	650	32.	5	•••					
Provisional	220	110	0	0	(	)	0						
2. EXCESS CL						F	ee (\$)	Small Entity Fee (\$)					
Fee Description Each claim of	on over 20 (includir	ng Reissues)				_	52 26						
	ndent claim ove		teissues)				220	110					
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3. APPLICATION	•	alms paid for, if gre	ater man s.										
If the specific	ation and drawir	ngs exceed 100	sheets of pa	aper (excluding	g electror	nically file	d sequen	ice or comp	uter				
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sheets or f	fraction thereof.	See 35 U.S.C. Sheets N	41(a)(1)(G) umber of ea	) and 37 CFR 1 ch additional 5	l.16(s). <b>0 or fr<u>act</u>i</b>	on the <u>reof</u>	Fee (	(\$) <u>Fee</u>	Paid (\$)				
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4. OTHER FEE(S) Fees Paid (\$)													
Non-English Specification, \$130 fee (no small entity discount)													
Other (e.g., late filing surcharge): <u>Submission of Information Disclosure Statement</u> 180													
SUBMITTED BY	111		-										
Signature	gnature Registration No. 37,147 Telephone (4						<sup>ne</sup> (415) 456-4	4116					
Name (Print/Type)	int/Type Jay P. Hendrickson						Date August 16, 2010						

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